HISTORY FACILITY PROFILE

TOPHAMS TINY TOTS CARE CTR

TOTAL: 50

247 N 100 E
OREM UT 84057
STATE'S REGION CODE: 001

PROVIDER #: 46G010 FACILITY BEDS
PHONE NUMBER: (801) 225-0323
PARTICIPATION DATE: 09/01/1982 CERTIFIED: 50

TYPE ACTION: RECERTIFICATION TYPE OWNERSHIP: PRIVATE NON PROFIT

COMPLIANCE STATUS	: FACILITY MEETS	REQUIREMENTS	BASED	ON AN	ACCEPTABLE	PLAN C	F CORRECTION
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	CENSUS O				LTC AGREEN				AL CERTIF			
ME	TOTAL: DICARE: DICAID: OTHER:	0			BEGINNING: ENDING: EXTENSION: SUSPENDED: RESCINDED:	1	1/01/2002 2/31/2002		-, -	19	ICF/MR 50	
URRENT	SURVEY RE	VISIT DAT	TES - 01/10/	2002								
URVEY		SURVEY	CURRENT SURVEY 11/08/2001	PLAN/DATE OF CORRECTION		PROG	RAM REQUIRE	MENTS				
X X X	Х	x x		01/01/2002	STD STD STD STD STD STD	* W0193-STAFF ABLE TO MANAGE INAPPROPRIATE CLIENT BEHAVIOR * W0196-EACH CLIENT MUST RECEIVE ACTIVE TREATMENT PROGRAM * W0232-OBJECTIVES REFLECT APPROPRIATE DEVELOPMENTAL PROGRESSIC * W0237-TRAINING PROGRAM SPECIFIES TYPE OF DATA * W0249-ACTIVE TREATMENT PROGRAM IMPLEMENTED WHEN IPP FORMULATI * W0285-INTERVENTIONS APPLIED WITH SUFFICIENT SAFEGUARDS						
X	Х	Х	х с х с	12/05/2001 11/08/2001 11/09/2001	STD STD STD STD STD STD	W0341-CONTROL OF COMMUNICABLE DISEASES W0367-ORGANIZED SYSTEM FOR DRUG ADMINISTRATION W0368-DRUGS ADMINISTERED IN ACCORDANCE WITH PHYSICIANS OF W0369-ALL DRUGS ADMINISTERED WITHOUT ERROR						RDERS
X	X X	X X	х с	01/01/2002	STD STD STD STD STD	W0418-CLEAN, COMFORTABLE MATTRESS W0426-WATER TEMPERATURE NOT TO EXCEED 110 DEGREES W0436-FURNISH, MAINTAIN SPECIALIZED EQUIPMENT, DEVI W0454-SANITARY ENVIRONMENT TO AVOID INFECTION						
5 EXIST RIOR 3 URVEY 2/1998	PRIOR 2 SURVEY	85 EXIST PRIOR 1 SURVEY	85 EXIST CURRENT SURVEY 11/07/2001	PLAN/DATE OF CORRECTION			DEFICIENCIE		. 01			
Х	X X X	X			K0012-CONSTRUCTION TYPE K0018-CORRIDOR DOORS K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS K0021-DOORS IN FIRE AND SMOKE PARTITIONS K0062-SPRINKLER SYSTEM MAINTENANCE K0072-FURNISHING AND DECORATIONS K0076-MEDICAL GAS SYSTEM					AFTS		
	21	Χ	X C	11/07/2001			0-OTHER	IIO OTOTEM				
YPE OF EFICIEN				CURRENT SURVEY		PRIOR 1 SURVEY	SURVEY	PRIOR 3 SURVEY				
CONDITIO TANDARD REGIONAL	N OFFICE F	LAG (INCI	LUDES COPS)	0 5 0 5	-	0 6 0 6	0 4 1 4	0 6 3 6				

STATUS OF DEFICIENT COPS

6

CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY		
COP	0	0	0		

COMPLAINT SURVEY INFORMATION

HEALTH TOTAL
LIFE SAFETY CODE
LIFE SAFETY CODE + HEALTH

SURVEY DATE	STATUS
02/27/2001	SUBSTANTIATED
03/21/2001	UNSUBSTANTIATED
08/09/2001	UNSUBSTANTIATED
11/27/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

 \star NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN
* = REGIONAL OFFICE FLAG (INCLUDES COPS) P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT ELE = ELEMENT STD = STANDARD COP = CONDITION